

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ent Name			Telephone Number	Date of In	enertion ID #
		B.	deery, 11c	(312) BABHSASAT	(mm/dd/y	r)
Establishment Address (number and street, city, state, zip code)				() Orrenor	2/21	12019 18-256
323 E.	Spring	, 5	t. New Albay, IN 97150	() Owner] ′ ′	'
Owner				Purpose:	Follow-u	p Release Date
323 E. Spring St. New Albuy, IN 97150 Owner Dione Christopher				1. Routine	No	10 days
Owner's Address				2. Follow-up		of Violations;
				3. Complaint	1,4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or remarkable,
Person in C				4. Pre-Operational	100	NC I R
	Christ			5. Temporary	<u>~ ~</u>	_ NC
Responsibl	e Person's	E-ma	lit		Menu Ty	pc (See back of page)
				6. HACCP		
Certified F	ood Handl		(10/9/22)	7. Other (list)	12	<u> </u>
• CRUTICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section# C/NC R Narrative				TOTAL OF TOTAL OF THE TOTAL OF	TO III THE	To Be Corrected By
430	NC		Observed (2) Missing light shields	· Paul	_	
150	140		OBSERVED () PRISTING HALT SINCIBS	IN DUN		/ week
						
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Received by (name and title printed): Diene Christopher				Inspected by (name and title p	rinted):	
12	iene		hristopher	A.J	Ingram	(EHS)
Received by				Inspected by (signature):		<u> </u>
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